

Patient Name: _____

MRN: _____

Completed By: _____

Date & Time: _____

Edinburgh Postnatal Depression Scale (EPDS)

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Since you are either pregnant or have recently had a baby, we want to know how you feel. Please select the answer that comes closest to how you have felt IN THE PAST 7 DAYS - not just how you feel today. Complete all 10 items and find your score by adding each number that appears in parentheses (#) by your checked answer. This is a screening test; not a medical diagnosis.

Mother's OB or Doctor's Name: *

Please Specify:

Doctor's Phone #: *

Please Specify:

1. I have been able to laugh and see the funny side of things: *

Select One Response

- As much as I always could (Score: 0)
- Not quite so much now (Score: 1)
- Definitely not so much now (Score: 2)
- Not at all (Score: 3)

2. I have looked forward with enjoyment to things: *

Select One Response

- As much as I ever did (Score: 0)
- Rather less than I used to (Score: 1)
- Definitely less than I used to (Score: 2)
- Hardly at all (Score: 3)

3. I have blamed myself unnecessarily when things went wrong: *

Select One Response

- Yes, most of the time (Score: 3)
- Yes, some of the time (Score: 2)
- Not very often (Score: 1)
- No, never (Score: 0)

4. I have been anxious or worried for no good reason: *

Select One Response

- No, not at all (Score: 0)
- Hardly ever (Score: 1)
- Yes, sometimes (Score: 2)
- Yes, very often (Score: 3)

5. I have felt scared or panicky for no good reason: *

Select One Response

- Yes, quite a lot (Score: 3)
- Yes, sometimes (Score: 2)
- No, not much (Score: 1)
- No, not at all (Score: 0)

6. Things have been getting to me: *

Select One Response

- Yes, most of the time I haven't been able to cope at all (Score: 3)
- Yes, sometimes I haven't been coping as well as usual (Score: 2)
- No, most of the time I have coped quite well (Score: 1)
- No, I have been coping as well as ever (Score: 0)

7. I have been so unhappy that I have had difficulty sleeping: *

Select One Response

- Yes, most of the time (Score: 3)
- Yes, sometimes (Score: 2)
- No, not very often (Score: 1)
- No, not at all (Score: 0)

8. I have felt sad or miserable: *

Select One Response

- Yes, most of the time (Score: 3)
- Yes, quite often (Score: 2) Not
- very often (Score: 1)
- No, not at all (Score: 0)

9. I have been so unhappy that I have been crying: *

Select One Response

- Yes, most of the time (Score: 3)
- Yes, quite often (Score: 2)
- Only occasionally (Score: 1)
- No, never (Score: 0)

10. THE THOUGHT OF HARMING MYSELF HAS OCCURRED TO ME: *

Select One Response

- Yes, quite often (Score: 3)
- Sometimes (Score: 2)
- Hardly ever (Score: 1)
- Never (Score: 0)

Score: _____

Adapted from:

Cox, J.L., Holden, J.M. and Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.